

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-25-03.

## **I. DISPUTE**

Whether there should be reimbursement for CPT Codes 13132, 26055 and 13121.

## **II. FINDINGS and RATIONALE**

- a. On July 31, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.
- b. On 5-7-03, the requestor billed CPT code 13132 repair complex hands 2.6 cm to 7.5 cm at \$526.00. He was paid \$0.00. The respondent reduced payment based upon, "G - Unbundling 64721." The amount in dispute is \$263.00. Plastic surgery repair is not global to any service rendered on this date per Global Service Data for Orthopaedic Surgery, 1994 Edition. Therefore, the requestor is entitled to reimbursement of 50% of \$526.00 = \$263.00.
- c. On 5-7-03, the requestor billed CPT code 26055 – Tendon sheath incision at \$455.00. He was paid \$204.75. The respondent reduced payment based upon, "C – Negotiated contract price." The amount in dispute is \$204.75.

The requestor did not dispute insurance carrier's position that basis of reduction was per a PPO contract. The insurance carrier did not submit PPO contract documentation to support amount paid. Therefore, 26055 will be reviewed in accordance with the Commission's *Medical Fee Guideline*.

A review of the submitted EOB indicates that respondent paid CPT code 64721 based upon it being the primary procedure because it had the greater value per Surgery GR (I)(D)(1)(a). The appropriate reimbursement for 26055 is 50% of the MAR of \$455.00 = \$227.50. The operative report supports billed service per MFG. The requestor is entitled to reimbursement of amount paid of \$204.75 and amount due per MFG of \$227.50 = \$22.75.

- d. On 5-7-03, the requestor billed CPT code 13121 repair complex arms 2.6 cm to 7.5 cm at \$324.00. He was paid \$0.00. The respondent reduced payment based upon, "G - Unbundling 26055." The amount in dispute is \$162.00. Plastic surgery repair is not global to any service rendered on this date per Global Service Data for Orthopaedic

Surgery, 1994 Edition. Therefore, the requestor is entitled to reimbursement of 50% of \$405.00 = \$202.50 or lesser amount requested of \$162.00.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 13132, 26055 and 13121 in the amount of \$ 490.50. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$490.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30<sup>th</sup> day of December 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division